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APPLICATION NUMBER	FILING DATE	FIRST NAMED APPLICANT	ATTORI	NEY DOCKET NO.
				
			EXAMINER	
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			ART UNIT	PAPER NUMBER
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	INTER\	/IEW SUMMARY	DATE MAILED:	
All participants (applicant, ap	plicant's representative, PTO personne	el):		
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Date of Interview	3. 8 3			
Type: Telephonic Pe	ersonal (copy is given to applicant	\square applicant's representative).		
Exhibit shown or demonstrati	on conducted: Yes No If yes,	brief description:		
Agreement was reached.	. 🗌 was not reached.			
Claim(s) discussed:				
Identification of prior art discu	ussed:			
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Description of the general not	ture of what was agreed to if an agreer	ment was reached, or any other	nommonto:	
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(A fuller description, if necess must be attached. Also, when attached.)	sary, and a copy of the amendments, if re no copy of the amendments which w	available, which the examiner a rould render the claims allowable	greed would render to is available, a sumr	the claims allowable nary thereof must be
1. It is not necessary for a	applicant to provide a separate record of	of the substance of the interview		
IS NOT/WAIVED AND MUST	has been checked to indicate to the co INCLUDE THE SUBSTANCE OF THE Ed, APPLICANT IS GIVEN ONE MONT RVIEW.	INTERVIEW. (See MPEP Sect	ion 713.04). If a resp	onse to the last Office
rejections and requirem is considered to fulfill th	nterview summary above (including any nents that may be present in the last Of ne response requirements of the last Of x 1 above is also checked.	ffice action, and since the claims	are now allowable, t	his completed form

FORM PTOL-413 (REV.1-96)

Examiner Note: You must sign this form unless it is an attachment to another form.